

Selecting an Approach That Is Best for You

Before Getting Started

Throughout this book we have recommended that you become familiar with the treatment and self-help options currently available and then carefully consider your unique situation or the situation of the person in need of help to inform your decision about what to do. We have also encouraged you to think of your choices as being on a continuum from least intrusive to most intrusive, first seeking out the least intrusive course of action in resolving your addiction. In this chapter we provide you with information and suggestions about how to go about accomplishing that goal. Although natural recovery is among the possible choices that can be made (we discuss it in detail in Part Two), this chapter is concerned primarily with selecting treatment and self-help options.

Before starting we want to emphasize the importance of having familiarized yourself with the other material presented earlier in this book. While you may find the suggestions offered in this chapter helpful without exposure to that content, these recommendations will be of limited value if you have not read chapters 2 through 7. The strengths and weaknesses of treatment and self-help groups, the new approaches available, and your unique situation, among other considerations, are all relevant in selecting your best option. We urge you take full advantage of this information so that you can become an informed consumer of these services rather than simply “throwing the dice” and hoping for the best. Remember, the decision that you will make can hold profound, lifelong consequences.

This informed-consumer perspective assumes that you will not proceed with only limited information. If you are seeking assistance for another person, you are probably considering getting advice or have already obtained it from someone who is more informed about addiction treatment than you are. While this can be helpful, your friends, relatives, and neighbors who might provide this kind of information are generally unaware of the serious kinds of treatment and self-help issues discussed in chapters 2 through 7. They are unlikely to be familiar with the strengths and weaknesses of various forms of treatment, to know that a particular approach could be harmful to certain persons, to be aware of the newer treatment and self-help options, and they are unlikely to be informed about the host of concerns that surround treatment and self-help.

If you are seeking assistance for yourself, your situation is probably somewhat different. While the information that your friends, relatives, and neighbors might provide could also have the limitations discussed above, if you are the drug-dependent person chances are you already know something about the world of traditional treatment and 12-step groups. This is likely to be especially true if you use illicit street drugs and are a member of an informal network of drug users or of the street subculture. Chances are you know about one or more of the basic choices in your geographic area, and you might already have some familiarity with 12-step groups. If you are part of a heavy drinking subculture, you may also be somewhat familiar with what goes on in treatment and AA. Whether you or someone else has the drug problem and regardless of the limitations of your knowledge about treatment and self-help, few friends, relatives, and neighbors can provide you with the necessary in-depth understanding of these mainstay options to enable you to make truly informed decisions about using them.

Some people may also have access to someone who has undergone treatment or participated in self-help groups. Unquestionably, these persons have much to share with you about their experiences in treatment and/or self-help meetings, particularly as it pertains to activities within the particular program and/or meetings he or she has attended. Remember, however, that each person brings his or her own unique bias into those settings, thus people's experience with treatment and self-help meetings will be quite different. For example, if your source of information is someone who was

highly motivated to stop using, he or she probably experienced treatment in a quite different way than someone resistant to change or even apathetic about it. Some people have only glowing comments about their treatment experience, while others may say, for example, that treatment was such a waste of time that they used drugs on the way home from the treatment facility. Those who have participated in 12-step groups may make the same kinds of comments. The point is that while those who have undergone treatment themselves and/or participated in self-help groups can provide you with useful information, such impressions come through the lenses of their own unique experience and should be viewed as such. We encourage you to visit some of these programs and/or attend open self-help meetings to get your own impressions firsthand.

Regardless of what additional information you are able to obtain from others, the options that are opened to you are determined by a number of factors. The three main factors are the urgency of your situation, the various treatment and self-help options available to you, and the resources that you have that can be drawn upon to take advantage of various treatment and self-help alternatives. Some individuals may be in great immediate danger because of their substance misuse, while others may simply be considering change because they are tired of the inconveniences and hassles they are experiencing. Most of the progressive treatments and newer self-help options are not available in every community, and limited financial resources will preclude using many of them. As we discuss how to go about finding the best intervention

situation, we are mindful that your ability to examine various options may be more or less restricted by the above three factors. While we urge you not to rush too quickly into a treatment or self-help situation, we realize that you may not have the time to “shop around,” nor the resources to be as selective as you might like to be.

In the next two sections of this chapter we provide illustrations and information that you can use to help you shop around for treatment and self-help groups that will likely meet your unique needs or the needs of someone you are assisting. We provide suggestions for locating these options and how to determine if, in fact, they are a good fit for you.

Choosing among Formal Treatment Options

As you begin to contemplate a course of treatment, take note of several key considerations about formal treatment. First, most formal treatment programs operate from similar theoretical and ideological frameworks. Most subscribe to the disease explanation of addiction and nearly all see abstinence as the primary treatment goal. However, it is important to note that some programs are less wedded to the disease theory of substance dependence and employ a range of techniques that draw on cognitive theory, behavioral theory, and other psychotherapeutic approaches to help their clients. Second, treatment can range from one or two one-hour educational sessions to permanent residence in a program for several years. These two extremes represent opposite ends of

the treatment continuum from least intrusive to most intrusive, with many variations existing in between. Third, insurance companies and managed care organizations (MCOs) exercise substantial influence over the level and length of treatment, often not considering the individual treatment needs of the substance-dependent person. However, some private programs have developed creative arrangements with public-sector programs to provide additional care and after-care for its clients when their treatment coverage has been exhausted.

How to Shop for a Good Fit

At the outset, shopping around for an appropriate addiction treatment facility might seem like an overwhelming task. How is one supposed to know about such programs and how to contact them? However, shopping for treatment is not unlike shopping for other products and services. Although there is no Consumer Reports available that rates the performance of various programs, with a little effort you can get information about nearly all treatment programs that exist in the United States, including specific information about those in your geographical area. One of easiest ways to find these programs is simply to look in the Yellow Pages of your local phone directory under “alcoholism” or “drug abuse.” Most programs and many private practitioners who treat alcohol and other drug-dependent clients can be found in the Yellow Pages. Some of these phone listings also provide details about the types of services they offer. In some

Yellow Pages you will also find information about nationally known programs outside of your local area.

Another effective way to find treatment programs in your area is to go to the website for the Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov. SAMHSA offers a searchable directory of more than 11,000 treatment programs across the nation. Searches can be narrowed to specific cities and states and include maps identifying the location of each facility and basic information about each program. Perhaps the only drawback of using the SAMHSA directory is that many professional practitioners, such as psychologists and licensed clinical social workers, who work with substance abuse clients are not listed. Finally, all states have a state agency responsible for distributing funds and providing other assistance to alcohol and drug abuse treatment agencies throughout their state. These agencies, typically located in the state's capital, will have a statewide listing of most substance abuse treatment agencies.

Looking at a national directory such as the one developed by SAMHSA, will probably raise the question as to whether you want to seek the services of a local provider or one outside of your area. Although the remainder of this chapter should help you answer that question, a general rule of thumb is that persons who need highly specialized inpatient residential treatment, who would benefit more by leaving their environment than remaining in it, or who cannot find the services they need in their hometown area should con-

sider services outside of their geographical areas by consulting the SAMHSA directory.

Information to Gather

Once you have a working list of program or service provider possibilities, you need to gather information from each of them to get a sense of the type of approach they take. While some of this information can be obtained by phone, we suggest that you actually visit the programs as you narrow your list down to serious considerations. The possibilities that you locate on the Internet, including some local treatment facilities, can be contacted through their websites, where they generally also provide a phone number.

What kind of information should you seek? Here is where chapter 6 becomes critically important in your search. Recall that there we talked about the unique personal and environmental situations in which substance-dependent persons live and how such factors necessarily influence how to go about making a decision. In that chapter we also made distinctions between the more popular kinds of drugs used and various implications of using them. Finally, we discussed several different use patterns and how they influence the severity of the problem. You should consider all of these factors as you begin to attempt to find a treatment fit for yourself or someone else. For your convenience, we briefly recap below the most significant implications of each of the factors discussed in chapter 6 or in other parts of the book.

Personal and Environmental Factors

Severity of Problem

- ▶ We recommend less intrusive types of treatment whenever possible, with the more long-term and intrusive types reserved for more severe cases.
- ▶ We recommend seeking independent assessments for severity of problem when possible, which should include more than merely the amount of use.

Level of Motivation

- ▶ Your level of motivation to change is the best predictor of success.
- ▶ If motivation to change is low, seek programs that are skilled at increasing the level of motivation through techniques such as motivational interviewing.

Gender

- ▶ The very unique needs of a substance-dependent woman must be considered in any treatment program.
- ▶ We recommend female-only treatment when possible and, at the very least, all-female group sessions in treatment.

Age

- ▶ Treatment for a young person should not mimic adult treatment.

- ▶ We discourage enrolling young persons in treatment that may label them a drug addict, alcoholic, or diseased.

Ethnicity

- ▶ Seek ethnically sensitive treatment where possible if you are a member of a minority group.
- ▶ Or, seek treatment that does not ignore or minimize the role of your ethnicity in your life.

Employment Status

- ▶ If you are employed and plan to enter treatment, consider how your employment will be affected by doing so, and be cautious with whom you share your plans.
- ▶ If you are unemployed, treatment planning should include securing satisfying employment for you as a priority goal; idle time after treatment can easily threaten all that you may achieve.

Education

- ▶ Those with higher levels of education can often benefit from less intrusive types of treatments such as outpatient counseling or introspective-oriented psychotherapy.
- ▶ Those with lower levels of education may need assistance beyond substance abuse treatment. If this is your situation, seek programs that emphasize and provide access to educational and vocational training opportunities.

Health Status

- ▶ Years of heavy substance dependency can create health problems that treatment programs must consider as part of treatment planning. Good treatment providers should be able to link you to needed health-care services.
- ▶ We highly recommend a thorough physical examination before you begin treatment.

Mental Health Status

- ▶ Since mental health difficulties may lead to or be the result of substance dependence, we recommend a thorough mental health assessment as soon as you are stabilized in treatment.
- ▶ A discernible amount of depression, restlessness, apathy, and other forms of mental discomfort can result when ending substance use. In most cases, these feelings pass with time; if they do not, mental health assistance may be required as part of treatment.

Resources

- ▶ If you have a substantial amount of resources, take advantage of them by being very selective about whom you entrust with your life.
- ▶ If your resources are few and your choices are limited to public-sector programs, still get as much information as

you can so that you will find as good a fit as possible among them.

Social Environmental Factors

- ▶ If your drug use has caused you to become part of the street drug subculture and its related criminal activity, you will likely need more intrusive types of long-term treatment than someone who has been able to lead a more stable life and meet day-to-day responsibilities through conventional means.
- ▶ Treatment should not ignore the social environmental conditions in which your substance use occurred and your recovery expected. Being poor, a parent, a member of a faith-based organization, living in an impoverished neighborhood, and a range of other conditions should be considered for treatment to have a chance of succeeding.

Types of Drugs Used

Depressants

- ▶ If you are habituated to depressants such as alcohol, barbiturates, or tranquilizers, you might need medically supervised detoxification.
- ▶ Alcohol is the most widely abused drug in America, but because of its legal status it is a drug where moderation is an appropriate goal for some, generally for the less-problematic user.

Stimulants

- ▶ Treatment for stimulant dependence should address the similarities yet subtle differences between the range of effects that accompany use of cocaine, crack cocaine, methamphetamines, etc., as well as the related withdrawal effects of depression, lethargy, and other symptoms.
- ▶ If your stimulant use has caused you to become part of the street subculture, you will likely need more intrusive types of long-term treatment than someone who has maintained a conventional life.

Opiates

- ▶ While methadone maintenance has become an accepted form of treatment for addiction to opiates like heroin, we caution about enrolling in this form of treatment unless the dependence is extremely severe and has persisted for years.
- ▶ Long-term heroin use will invariably result in acquaintance with and participation in the street subculture, often accompanied by street crime. If you find yourself in this situation, more intrusive and long-term treatment is probably necessary.

Hallucinogens

- ▶ Hallucinogen use is generally associated with youth and does not create physical dependence, suggesting that most traditional forms of treatment are inappropriate.

- ▶ While hallucinogen use can be extremely dangerous, most young persons grow out of it. Private practitioners and others who specialize in working with these youth and their parents are in a better position to provide help than others.

Cannabis

- ▶ Marijuana use perplexes many treatment providers. While the consequences of use are often seen as rather benign, some persons clearly have problems with marijuana. If possible, seek treatment from someone in private practice who is skilled in working with marijuana users.
- ▶ Stay clear of programs that label marijuana users as drug addicts or as having a disease.

Inhalants

- ▶ Inhaling volatile chemicals is very dangerous and can result in irreversible brain damage. When inhalant use is suspected, seek help as quickly as possible from those skilled in working with inhalant users.
- ▶ For former inhalant users, we suggest a thorough mental and neurological examination along with close monitoring.

Club Drugs

- ▶ Because of the variety of club drugs available, your choice of help will depend on the type of drugs you used.

See chapter 6 and some of the above information regarding the various categories of drugs.

► Ecstasy is quickly becoming a national concern. The rise in its use precedes answers to questions about the dangers of use and what course of treatment is likely to be the most effective. Again, a skilled private practitioner might be the best place to begin when seeking help.

Use Patterns

How a Drug Is Taken

- If you are at the point of injecting drugs, a complete physical examination is suggested.
- Injecting heroin, cocaine, methamphetamines, and smoking crack cocaine might necessitate more intrusive and long-term treatment for you.

Extent of Use

- For those whose use is less chronic, less intrusive short-term types of treatment should be the first option, increasing intensity and duration only if success is not achieved.
- Chronic and long-term use might necessitate medically supervised detoxification. This can be particularly true for long-term users since they, like many substance abusers, often use more than one substance.

Level of Involvement in Drug Subculture

- ▶ As noted above, those who are overly immersed in the drug subculture and related street crime are likely to need more intrusive and extended treatment.
- ▶ Conversely, those with less involvement, who are able to straddle both the drug world and conventional life with its attendant responsibilities, will likely benefit from less intrusive, shorter-term treatments.

There are, of course, other factors one can consider in the above discussion, but we see these as the most critical. Your charge is to find a program that will respond to your unique situation or that of the person in need of help. In the following section, we provide six brief scenarios to further illustrate how such factors impact treatment choice. While none of these situations may apply exactly to the one you are concerned with, we think that knowing the distinctions between them will be helpful as you search for the best treatment fit for your particular situation.

Keisha

Keisha is a young, single, unemployed African American mother who has been on crack for four years. She receives Temporary Assistance for Needy Families (a new form of welfare) and has encountered difficulties with social services because of accusations from neighbors about neglect

of her two children. For Keisha, a treatment choice might include, for example, an inpatient residential program that provides comprehensive services specifically designed to meet the multiple needs of poor minority women in such circumstances, ideally one with child-care services on site. Since Keisha is on federal assistance, her choices will probably be limited to public-sector programs or private programs that accept Medicaid or other forms of public funding to cover indigent care. Keisha's case manager will likely have enough information to give her some guidance in locating these programs.

Jay

Jay is a sixteen-year-old white male who smokes marijuana occasionally and pretty much keeps to himself at home. He does OK in school but probably not nearly as well as he could, given that he is a pretty bright adolescent. His parents have been horrified since they discovered his marijuana smoking and panicked about what to do. In Jay's case, one of the first concerns about a treatment program is that it should take into account the unique developmental needs of a young person, who should not be treated like an adult. Additionally, Jay's treatment should not label him a drug addict with a progressive incurable disease for the rest of his life, as marijuana use does not have the same reinforcing properties as drugs like alcohol, heroin, and tranquilizers. While marijuana use by a sixteen-year-old could be seen as a serious matter, or evolve into one, the problem may not be severe

enough to warrant overly intrusive substance abuse treatment; such treatment might result in exposure to older persons with more serious problems, persons from the drug subculture who use heroin, cocaine, and other street drugs. A reasonable place to start is with basic harm reduction information or on family counseling, where the focus is not necessarily on substance abuse but on why Jay may feel alienated from his family.

Ellen

Ellen, 52, is a white, middle-class female homemaker who has successfully raised three children who have now gone on to start their own families. Ellen has sporadically taken medication without any major trouble to help her deal with the death of her husband and the stress of trying to raise three adolescents on her husband's pension and social security. However, since the children have all left, she began taking tranquilizers to excess and, unbeknownst to anyone else, she has developed a serious dependency on them, taking three to four times the recommended dosage. In considering a treatment approach that might respond to Ellen's situation, a plan should probably include medically supervised detoxification, since tranquilizers fall into the category of depressants. After detox, Ellen might respond to outpatient treatment with periodic follow-ups; however, her periodic episodes of taking psychotropic medication might indicate an underlying mental health problem that, if addressed, would also eliminate her need to use tranquilizers. As in

many instances, inpatient residential care should be an option to consider only if other options have failed.

Antonio

Antonio, 32, is a Hispanic high school dropout who has on several occasions referred to himself as a “junkie.” Most of his adult life has been spent as an intravenous heroin user with only sporadic interruptions when supplies were short or when he was incarcerated. Antonio deals drugs when he has access to a supplier and “hustles” on the streets to manage his addiction to heroin. He spent a couple of years enrolled in a public methadone maintenance program but was expelled from it when urine analyses determined that he continued to use other drugs in conjunction with the methadone. He has a lengthy criminal record and is facing several years in prison if convicted of his latest charge. His is a very serious situation. Antonio’s long-term dependency on heroin, his extensive criminal history, and his many years on the streets suggest that he might be a candidate for long-term residential treatment. In addition to addressing his serious drug problem, he needs help functioning in the conventional world. He needs educational and vocational help along with a reorientation to and acceptance of conventional values. He is likely to need help with ordinary interpersonal and social skills that will help him effectively negotiate the normal world. In Antonio’s case, one of the forms of treatment that could provide such extensive psychosocial services is a therapeutic community. Given his possible conviction on his im-

pending charge, it is noteworthy that therapeutic communities are often used by the criminal justice system as an alternative to prison.

Patrick

Patrick, 55, is a white male plumber who has had problems off and on with alcohol for nearly twenty-five years. Because he now drinks nearly a fifth of vodka a day, his health is quickly failing and he is at risk of life-threatening illness if he continues to drink at this level. He is a devout churchgoer and family man but has simply let alcohol get the best of him. He has been successful at cutting back, but his drinking seems always to return to dangerously high levels. He has managed to retain his private health insurance for himself and his family. Of all the scenarios, Patrick's is probably the most ideal for traditional inpatient residential treatment. Clearly, he needs to abstain from drinking alcohol. The traditional Minnesota Model that will teach him about "the disease of alcoholism," whose treatment draws heavily on the principles of Alcoholics Anonymous (AA) and requires attending AA meetings, might resonate well with Patrick. His white male-identity, his alcohol-related illnesses, and his religious affinity are all factors that suggest he might be a good candidate for traditional, twenty-eight-day, inpatient residential treatment with aftercare. Given his daily use of large amounts of alcohol, medically supervised detoxification will be required prior to or in combination with treatment for alcohol dependency.

Dan

Dan, 34, is a successful African American male attorney who has been on a “cocaine run” for nearly four months. Dan drank alcohol socially, and occasionally he had used cocaine at parties for years without difficulty. But when he took a summer off from his busy practice to travel, he ended up snorting cocaine every day, throughout the entire summer. He also drank at night to help him fall asleep after using cocaine. Since he returned to work, he stopped using cocaine, but his drinking has increased to the point that it is interfering with work and family responsibilities. In Dan’s case, even though his problem is of short duration, because the drug he is now using is alcohol, medically supervised detoxification might be called for and followed up with brief outpatient counseling. In fact, because alcohol use is legal and his problematic use has been rather short term, he might be a good candidate for moderation rather than abstinence and should probably seek the services of a provider who can help him accomplish that aim. Given Dan’s advanced education and professional status, it may not be necessary for the provider to be as attuned to his ethnicity.

We do not expect the presentation of these six cases to make you an expert in appropriate treatment selection for persons with substance abuse problems. However, we hope that the differences among them demonstrate that appropriate treatment for a person’s problem must respond to the uniqueness of his or her situation. These scenarios also underscore the

importance of shopping around for an approach that responds to such important individual differences.

Cautions

The discussion of the above cases illustrates an important practical lesson to keep in mind as you gather information from the various programs you are considering. If a program representative says something to the effect that “addiction is addiction,” implying that the various factors of age, gender, environmental conditions, severity of use, and so on do not matter, you should proceed with caution or look elsewhere.

You need to be aware of several other cautions related to selecting treatment programs. First, through comprehensive assessment techniques, many credible programs have the ability to determine the necessary level of intervention appropriate for different types of clients. Such assessments attempt to determine whether a person might benefit from a particular form of inpatient residential treatment or from a less intrusive variation of outpatient services. And, where programs have an array of different kinds of attractive public-sector services to offer, one’s options for the appropriate level of treatment can be quite good. Conversely, comprehensive assessment interviews can reveal a need for certain kinds of services that simply are not available in a particular community; examples are moderation training and inpatient residential programs that offer a non-disease approach to treatment. Furthermore, many programs gather extensive

information from their clients but then do not take full advantage of that information to guide decisions about what kind of treatment or referral to offer. Still other programs claim to match treatment with the particular situation of the service seeker, but are in fact one-size-fits-all programs, where most clients are run through similar, if not identical, treatment activities. Because in many communities treatment options are severely limited, some people will need to be creative in finding a good fit for themselves or their loved ones. Placing a person in an inappropriate treatment program will likely not lead to the kind of results you want and, in some cases, can actually be harmful.

Staff

While most treatment programs tend to subscribe to the disease view of addiction, the approach of staff in a treatment facility can be the determining factor between a good or poor program. Many staff are able to integrate other theoretical principles into their approach to treatment and make real differences with clients, even those who find disease-based principles questionable. Although many programs rely heavily on recovering persons to staff their facilities, research suggests that whether one has personally had a drug problem or not is irrelevant to one's effectiveness as a substance abuse counselor. And, while there are many competent recovering counselors in these programs, many others are less effective. Some are simply under-trained in areas of human behavior, human motivation, human diversity, and the like. Others

rely too much on approaches that helped them personally to the exclusion of newer, more promising possibilities. Many of these staff work in facilities where they once received services and are deeply wedded to these programs' philosophies. Some continue to attend 12-step meetings and are intolerant of other self-help approaches.

We believe that those who have overcome addictions deserve an opportunity to use their personal insights to help others if they choose to do so. We also believe that with the appropriate level of training (beyond that generally required for addiction counselor certification), they have much to offer those struggling with substance dependence. However, if they themselves have not yet completely resolved their own drug problem, there is reason for concern. If their conceptualization of effective treatment is very limited or they are unaware of the more complex biopsychosocial issues that create and sustain substance dependency, their ability to be effective treatment providers could be limited.

We tend to be a bit more optimistic about programs whose therapeutic staff consists primarily of persons with advanced professional training. Programs that employ primarily recovering counselors tend to be a bit inflexible, and they do not fully appreciate much of the new research that challenges old ideas. Moreover, programs where the top administrator is vocal about being in recovery and is attending 12-step meetings give us considerable pause. Also know that because a person is a psychologist, clinical social worker, or other mental health professional does not preclude his or her past drug use. In our training of master's and doctoral

students, we have encountered many students who have overcome substance dependence, both with and without treatment. As with persons in recovery, some are drawn to the field because of their own personal experiences. However, they tend to be discrete about sharing their past and generally do not refer to themselves as “in recovery.”

It is also important to note in this discussion about staff that no amount of training will compensate for poor interpersonal and communication skills when working with clients. The first step of effective counseling and psychotherapy is to create a climate of trust that results in a genuine working relationship with the person seeking help. While we tend to favor counselors with professional training over those with only personal experience, one still needs to “connect” with the client or little else is even possible.

Find out about the composition of the program’s staff at the various facilities you are considering. Because a professional staff costs the agencies much more financially, the level of this financial commitment can be a reflection of the organization’s commitment to quality treatment.

Getting Information from Staff

You can get a lot of information about various programs and the services they offer by simply calling these facilities on the phone. Most also have pamphlets, booklets, or other printed materials about their program that they will mail to you if you request them. This can be a good way to begin your inquiry. However, as your search begins to narrow, we suggest

that you actually visit the programs you are considering. During your visit, ask the questions that may have come up after you had familiarized yourself with their printed materials. Because of varying confidentiality standards among treatment programs, you may or may not see actual clients during your visit. Below we offer ten examples of the kinds of questions whose answers can be very revealing to prospective clients. We will show how the responses to them can be instructive for you. The answers to some of these questions may be found in the program's printed materials, or they may not apply to a particular facility you are visiting.

(1) How similar is your program to the Minnesota Model?

Programs that rely heavily on the Minnesota Model to guide their treatment activities represent the traditional treatment programs discussed in chapters 2 and 3. By definition, such programs are guided by the disease explanation of substance dependence and rely heavily on 12-step group principles and activities. If you have determined that this form of treatment is what you need, the answer to this question will let you know if you have located one. However, if you need something different, you will likely want to seek a program that does not subscribe to this approach.

(2) What are the credentials of your professional staff?

Recall our discussion above about over-reliance on staff in recovery and how resources spent on staff can be very telling. Quality programs may have persons in recovery on their staffs, but, in our view, the bulk of the staff should be

professionally trained, with graduate degrees. Additionally, most professional persons, as part of their professional education, are generally trained in one or more forms of counseling or psychotherapy and tend to be more open to alternative approaches. Persons who have this kind of training hold a distinct advantage over those who have not or those exposed only to drug counselor certification training. The professional will likely be certified as a drug counselor but also be licensed to practice psychotherapy; the person in recovery will most likely be certified only as a drug counselor.

(3) How strictly does your program adhere to the disease explanation of addiction? Some substance-dependent persons find the disease explanation of addiction very appealing and even relieving. For others, however, overemphasis on the disease view can be a major turnoff. Some staff within disease-based programs are, however, also very skilled in various forms of counseling and psychotherapy that depart sharply from the principles of the disease theory. Such persons are able to engage and assist clients in spite of the clients' discomfort with some aspects of the overall program.

(4) Given the characteristics of the person seeking help, how will the program respond specifically to his or her unique needs? We have tried to emphasize here the importance of treatment that responds to the unique situation of the addicted person. One-size-fits-all treatment is inappropriate and ineffective. If the person seeking help is a female, for example, we recommend programs designed for females. For

coed programs, we recommend female-only groups, female counselors for females, and the like.

(5) Does your program provide case management services?

Many persons, particularly those with limited resources, need case management services in addition to their participation in counseling, groups, and other drug abuse treatment activities. Case management identifies and connects persons with critically needed resources that both aid the process of giving up drugs and help meet basic needs necessary to a smooth transition into a productive life. For example, when lack of employment skills is a barrier for a person, case management services may attempt to locate and connect that person with appropriate vocational-training opportunities. These kinds of activities can be carried out by counselors or a case manager hired specifically for such purposes.

(6) What types of clients do you currently serve? People can be very uncomfortable and even frightened when confronted with interacting and living among others with whom they do not share values, cultures, and beliefs. While in some ways such situations hold the potential of being enriching, they can also pose problems. Make sure that the composition of the clients in a program does not present a major barrier for the person enrolling in it.

(7) What is your program's position on clients attending 12-step groups, and is your staff familiar with a number of other types of new groups that depart from 12-step philosophy?

Of course, in many areas 12-step groups are the only self-help groups available, and the staff may not have other options. However, groups like Women for Sobriety and Rational Recovery have been around long enough that the staff should at least be familiar with them, even if they are not available in their particular area. In most large urban areas, these newer groups are available and should be part of a menu of options for clients. It is also important to know whether or not a program requires attendance at a 12-step meeting. Self-help group participation should never be a requirement for successful recovery, only an option.

(8) Does your program use principles of motivational interviewing? This is a technique that is gaining popularity among more sophisticated programs. It is a technique that essentially dismisses the widely held notion that you must “break through the denial,” “break them down so you can build them up,” and other outdated confrontational techniques that have not been proven by research to be superior to other clinically accepted interviewing techniques. With motivational interviewing, ambivalence or resistance to change is seen as a natural reaction to the threat of loss of freedom of choice. Rather than the counselor imposing his or her views about the necessity to change, the client is engaged in a way that the choice and gradual commitment to change comes from him or her. In our view, programs that employ motivational interviewing techniques have an edge over programs that employ more authoritarian techniques.

(9) *What is your program's position on abstinence versus reduced use of the legal drug alcohol?* While most programs continue to see abstinence as the only goal for its clients, more and more research suggests that reduced use of alcohol might be a more reasonable goal for certain types of alcohol-using clients. Programs where staff are not so wedded to the necessity of abstinence for all its alcohol-using clients and have activities in place that reflect that position are more likely to be progressive and to highly value individuality as well as self-determination. Such programs are likely to have in place abstinence promoting activities when reduction efforts are not successful.

(10) *How do you manage situations where clients in your program are still in need of treatment but are at the limits of their insurance or MCO coverage?* Although funders of public-sector programs also set limits on funding for client care, this question is more likely to be instructive when exploring for-profit programs. The response to this question might give you a real sense for the level of commitment that a program has to its clients when there is no financial incentive to do so.

There are any number of questions that you can ask program staff that will help you determine whether or not a particular facility is a good fit for you or the person in need of assistance. While some of these above might be relevant in your search, we encourage you to come up with questions that relate to your unique situation so you can obtain the best information for yourself.

Self-Help Groups

When shopping around for an appropriate self-help group to fit your particular situation, there are a few things to remember. The most important is that, although in this chapter we are separating treatment from self-help groups, attending these groups can actually be seen as a form of treatment. Clients may attend these meetings in conjunction with other types of treatment or as part of aftercare once treatment is completed.

As in the case of treatment, some self-help groups are more intrusive than others. Some suggest that their participants attend meetings for the remainder of their lives. Other groups discourage long-term attendance, warning persons of the dangers of over-reliance on meetings to the detriment of self-sufficiency. In fact, as discussed in chapter 5, Rational Recovery (RR) discourages attending ongoing meetings. Instead, RR recommends that its participants acquire training on addictive voice recognition. RR might be seen as the least intrusive of all of these self-help groups. The philosophy that addiction is a lifelong disease that requires lifelong vigilance by attending meetings places 12-step groups at the other end of the continuum. Another important point here is that 12-step groups are the most readily available of all self-help groups across the United States. One can find AA meetings in almost any community in the nation. Other 12-step groups such as Narcotics Anonymous and Cocaine Anonymous are also very accessible in some communities. If, however, you are

interested in groups such as Women for Sobriety, SMART, or others of the newer groups discussed in chapter 5, your chance of having access to them is much lower. While most of these groups are growing, lack of access to them is a major barrier for improvement for those who would attend support group meetings but do not find 12-step meetings appealing.

Another important consideration is that if you want to access these newer groups, your best source will be the Internet. In many areas there is no listing of them in the phone book or anyplace else. However, you can go to their websites and find a list of meetings; many, of course, are in large urban areas. All of these websites also provide information about how to start groups, and many persons wanting access to alternative self-help groups actually take on that task. As we noted in chapter 5, individuals can also attend meetings online in chatrooms.

If you are leaning toward attending self-help meetings, we suggest you attend meetings in different locations. In the case of AA meetings, this can be a relatively easy process since many such open meetings are offered in most areas. In fact, as previously mentioned, in certain communities you can find AA meetings created to meet the specific needs of different groups; for example, women, professionals, and non-smokers. Opportunities to attend a variety of other meetings, even 12-step meetings like NA and CA, are generally not as great. And, as suggested above, in the case of the newer self-help groups options can be quite limited or even nonexistent.

Conclusion

Whether you choose treatment or self-help options, it is critically important that you understand what you are getting yourself or someone else into. We hope that reading the chapters in this part of the book will put you in a better position to do that. We encourage you to look at the websites we have identified, as well as others you might find. Get acquainted with what is out there and on the horizon of substance abuse treatment and self-help. Familiarize yourself with various controversies, debates, and opposing views about the current state of treatment and self-help groups. Think of it this way: if you decide on treatment, you are about to purchase services that range anywhere in cost from \$100 to \$60,000, with the average cost of inpatient residential treatment at \$1,000 per day in some areas. And, although you may or may not be paying for this service out of your own pocket, someone will be paying lots of money for your care. Given this, you have not only a right to know exactly what you are purchasing, you have an obligation to do so.